DECLARATION AND POWER OF ATTORNEY

MONTPELIER



Sole/Joint
Attorney's Docket No:
PHGB 000125 US

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD AND APPARATUS FOR SETTING A PARAMETER the specification of which (check one) X is attached hereto as Application Serial No: and was amended on was filed on I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56 (a). I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed. PRIOR FOREIGN APPLICATION(S) COUNTRY PRIORITY DATE OF FILING APPLICATION NUMBER Claimed Under (day, month, year) 35 U.S.C. 119 Yes 20-09-2000 0023003.7 **GREAT BRITAIN** No Yes Effereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which ccurred between the filing date of the prior application and the national or PCT international filing date of this application. PRIOR UNITED STATES APPLICATION(S) STATUS (PATENTED, PENDING, ABANDONED) APPLICATION SERIAL NUMBER Tiereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number) Jack E. Haken, Reg. No 26,902 Algy Tamoshunas, Reg. No 27,677 DIRECT TELEPHONE CALLS TO: SEND CORRESPONDENCE TO: (Name and telephone number) Corporate Patent Counsel U.S. Philips Corporation 580 White Plains Road Tarrytown, New York 10591 (914) 332-0222 mastroff Inventor's Signature: Dated: 2001 10 JULY Middle Name First Name: FULL NAME OF INVENTOR: Judith **MASTHOFF** Country of Citizenship State or Foreign Country RESIDENCE & CITIZENSHIP BRIGHTON THE NETHERLANDS ENGLAND Zip Code: State or Country BN2 2UH Street & No: 68 LINCOLN STREET POST OFFICE ADDRESS 2 BRIGHTON ENGLAND Inventor's Signature: Dated ULY 2001 Middle Name: First Name: FULL NAME OF INVENTOR: Last name Ashok **GUPTA** Country of Citizenship: State or Foreign Country RESIDENCE & CITIZENSHIP **GREAT BRITAIN** BRIGHTON ENGL State or Country Street & No: FLAT 1 POST OFFICE ADDRESS ... 4 BRIGHTON



Inventor's Signature: Dated: JULY 2001 Middle Name: First Name FULL NAME OF INVENTOR: **ZWART** Paul Country of Citizenship: state or Foreign Country:
The Netherlands RESIDENCE & CITIZENSHIP THE NETHERLANDS Eindhoven State or Country: The Netherlands Zip Code: Eindhoven Street & No: POST OFFICE ADDRESS 5627 TE Finistèrelaan 45 Inventor's Signature: Dated: Middle Name: FULL NAME OF INVENTOR: First Name: Last name Country of Citizenship: State or Foreign Country: RESIDENCE & CITIZENSHIP State or Country: Zip Code: City: Street & No: POST OFFICE ADDRESS : Inventor's Signature: Dated: Middle Name: First Name: FULL NAME OF INVENTOR: Last name Country of Citizenship: State or Foreign Country: RESIDENCE & CITIZENSHIP City Zip Code: State or Country: City: POST OFFICE ADDRESS Street & No: Inventor's Signature: Dated: Middle Name: First Name: HULL NAME OF INVENTOR: Last name Country of Citizenship: State or Foreign Country: RESIDENCE & CITIZENSHIP State or Country: Zip Code: City: POST OFFICE ADDRESS Street & No: Inventor's Signature: Pated: Middle Name: First Name: FULL NAME OF INVENTOR: Last name Country of Citizenship: State or Foreign Country: RESIDENCE & CITIZENSHIP City Zip Code: State or Country: City: Street & No: POST OFFICE ADDRESS Inventor's Signature: Dated: Middle Name: First Name: FULL NAME OF INVENTOR: Last name Country of Citizenship: State or Foreign Country: RESIDENCE & CITIZENSHIP Zip Code: State or Country: Street & No: City: POST OFFICE ADDRESS Inventor's Signature: Dated: Middle Name: FULL NAME OF INVENTOR: . Last name First Name: Country of Citizenship: State or Foreign Country: RESIDENCE & CITIZENSHIP City Zip Code: State or Country: Citv: Street & No: POST OFFICE ADDRESS Inventor's Signature: Dated: First Name: Middle Name: FULL NAME OF INVENTOR: Last name Country of Citizenship: State or Foreign Country: RESIDENCE & CITIZENSHIP City Zip Code: State or Country: City: POST OFFICE ADDRESS Street & No: